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New York

President: Mr. Opertti . . . . . (Uruguay)

In the absence of the President, Mr. Mungra (Suriname) Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 8 (*continued*)

Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

The Acting President: I now give the floor to His Excellency The Honourable Ronald Knowles, Minister of Health of the Bahamas.

Mr. Knowles (Bahamas): I am pleased to participate in this forum and I welcome this opportunity to share some of the post-Cairo initiatives that have been undertaken by my country, the Commonwealth of the Bahamas. But first, permit me to express my appreciation to the relevant United Nations agencies for their leadership in this review and for their ongoing efforts to include non-governmental organizations and young people in the process.

My country has made significant strides in implementing the recommendations of the 1994 International Conference on Population and Development (ICPD). However, the archipelagic nature of the Bahamas presents special challenges for the delivery of essential services and contributes to the increasing costs of health care. Despite this, the Government remains committed to providing access to health care of the highest quality.

In the Bahamas, indeed in the wider Caribbean, the population is relatively young, with a median age of 26 and approximately one third under 15 years of age. We have seen an increase in the average life expectancy to 74 years and a decrease in the infant mortality rate from 43 per 1,000 live births in 1965 to 14 in 1998. Concomitant with increased life expectancy and decreased infant mortality is a predicted increase in the population of older persons. In the Bahamas, the number of persons aged 60 years and over will increase to 17.2 per cent of our total population by the year 2025.

In keeping with the Cairo Programme of Action, the Government has initiated programmes for the elderly that will ensure their increased access to health care, improved housing, greater economic opportunity and participation in intergenerational and culturally-specific educational and recreational activities.

In May 1998, in collaboration with the Pan American Health Organization, the Bahamas hosted the first Caribbean forum on health and ageing, which resulted in the drafting of a Caribbean Charter on health and ageing. This document was developed to guide all countries in the region in the formulation of plans and programmes for older persons. Our challenge is to devise strategies that will enhance the self-reliance of older persons and promote their quality of life. To this end, a national programme for the health of older persons is being formulated.

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The Bahamas is totally committed to ensuring the reproductive rights and health of its people and we believe that freedom to make reproductive choices is a cornerstone of the empowerment of women. We further believe that an essential part of women's empowerment is better reproductive health, including access to modern, safe, affordable and effective family planning services.

Since Cairo, we have made significant advances in this area, the most notable being the development of a national policy on family planning that is expected to be placed before Parliament very soon. To date, many aspects of its proposed programmes have been implemented. We would like to report that comprehensive family planning services, including counselling, physical assessments and relevant educational materials, are available at all primary health-care community clinics throughout the country.

I noted earlier that the infant mortality rate has steadily declined. A further decrease, together with a reduction in maternal mortality, remains prominently placed on our national agenda. Since December 1996, all expectant women have been eligible for free antenatal and postnatal care at public hospitals and all community health clinics.

The involvement of males in reproductive health, is paramount to the success of national reproductive health initiatives. An initiative focused on responsible manhood, quality male reproductive health and psycho-social and spiritual wellness was launched in 1998. Many non-governmental organizations, particularly the religious community, are participants. We anticipate that this programme will be expanded in the coming years.

The Bahamas, and indeed the entire Caribbean, are strong advocates of the human rights of our young people, and we recognize these rights with respect to free and informed choices and access to sexual and reproductive health services. The teen birth rate in our country is 14 per cent, which is unacceptably high. Adolescents, ages 14 to 19 years, account for the fastest growing numbers of new HIV cases and other sexually transmitted infections. Adolescent issues need adolescent solutions. In this regard, we recognize the need for a comprehensive adolescent health policy that will involve them in its development.

The Government is supporting a major adolescent reproductive health education project which is being executed by the Bahamas Family Planning Association and sponsored by a donor agency. Earlier this year, we commissioned in Nassau, the capital, an adolescent health centre, a facility which provides multidisciplinary services with emphasis on prenatal and postnatal care, psycho-social counselling, violence and substance abuse prevention and other health and nutrition services. The Government of the Bahamas intends to replicate this model of services in other communities in the future.

Because we recognize that education is another cornerstone of empowerment, there are plans to expand the interministerial programme which allows pregnant teenagers to attend school during their pregnancy. This programme, which is provided at no cost to the clients, has proven to be very successful in terms of recidivism, completion of high school and employment.

The Bahamas is committed to providing our youth with the necessary education and training to enable them to be productive participants in our society in the new century. Successful education programmes have a positive and direct impact on teen violence, drug use and sexual behaviour. In the Bahamas, there is universal access to primary and secondary education, compulsory to age sixteen. Technical and vocational programmes are receiving focused attention and funding. We are optimistic that the proposed revisions to the health and family life programme and the curriculum in our schools will address concerns of under-achievement of male students and teen violence.

We have achieved much. Over the last several years there has been a significant positive change in the plight of women. Legislation pertaining to domestic violence, sexual offenses and maternity leave has been enacted. In education, women are participating more and performing well. The noticeable improvement in their status is reflected in most sectors. The Bahamas and the Caribbean Community have demonstrated the political and social will to achieve gender equity and sensitivity through the establishment of the Women's Bureau and the signing of the Convention on the Elimination of All Forms of Discrimination Against Women.

Our accomplishments to date would not have been possible without the vital participation of civil society. We must therefore strengthen this partnership by deepening our relationships with existing partners and by developing new ones. This team effort, coupled with the financial and technical support from donor agencies, is an essential ingredient for furthering the goals of the Programme of Action.

We have covered much territory since Cairo, but we are quite aware that there is much to be accomplished. Past, present and future efforts will not achieve expected results or will not be effective if appropriate mechanisms for monitoring progress are not put in place. Benchmarks must be established, indicators identified and data collected, analyzed and disseminated on a timely basis in order to evaluate the effectiveness of all programmes. Research, therefore, is a key to future success and must be given priority. Further, there is a definite need for a focal point for advising, coordinating, monitoring and reporting on all ICPD activities. This will ensure that population issues are integrated into national development plans.

We look forward to making even greater progress in the new millennium, and we recognize that our continued success will depend on team effort, community partnerships and international support. The Government of the Bahamas reaffirms its commitment to the Cairo Programme of Action, and we encourage our partners to do likewise by mobilizing the necessary resources which will contribute to its sustainability and viability.

The Acting President: I now give the floor to His Excellency Mr. Nobutaka Machimura, State Secretary for Foreign Affairs of Japan.

Mr. Machimura (Japan): It has been five years since the Cairo Conference. Humankind is now being exposed to a range of threats. To tackle the issues related to population, the international communitymust be united in its actions while at the same time recognizing the value and the rights of individuals from the viewpoint of human security. Human security is a concept that takes a comprehensive view of all threats to the survival, livelihood and dignity of human beings; it stresses the need to respond to such threats. Moreover, population issues are related to socio-economic problems in their entirety. These issues must be addressed by taking a comprehensive approach that promotes basic health care, education and the advancement of women. Only when we address these issues from a multi-dimensional viewpoint can we resolve population issues. In this connection, in order to deal with population issues, I think it is important to fully recognize the interdependent relationship between development, population, food security and the environment.

I believe that the Programme of Action adopted at the 1994 International Conference on Population and Development was the crystallization of humankind's wisdom for laying down the guiding principles that will carry us into the twenty-first century in the area of population and development. Japan supports the proposals for key actions for the further implementation of the Programme of Action, as they expressly designate areas that should be given high priority and set specific targets to be achieved, including the lowering of maternal mortality and morbidity rates and the reduction of HIV infection rates.

Next, I would like to speak briefly about some of Japan's specific efforts to deal with population issues. Japan has been successful in lowering its infant and maternal mortality rates and has also implemented a variety of measures based on the concepts and spirit of reproductive health services that were newly proposed at the Cairo Conference.

Japan established its national health insurance and pension schemes in 1961 and since then has set up a social security system, introduced a long-term care insurance system which is to enter into force next April and taken other measures to cope with its rapidly aging society. With regard to the recent situation of substantially lower fertility rates, Japan has been making concerted efforts both to alleviate problems arising from the strains of balancing work and childcare and to enhance societal support for raising children. Moreover, a basic law passed by the Diet recently is expected to provide the foundation for the realization of an equal partnership between men and women and to advance gender equality and the empowerment of women.

In the field of population, Japan has been contributing funding to the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). It has been the largest contributor to the UNFPA from 1986 to the present. In February 1994 Japan announced its "Global Issues Initiative on Population and AIDS", which set the goal of committing $3 billion of Japan's official development assistance programme to population and HIV/AIDS activities during the seven-year period from fiscal year 1994 to 2000.

In recognition of the importance of ensuring reproductive health, the initiative calls for a comprehensive approach covering primary health care for women and children, primary education and the empowerment of women, and is in addition to Japan's assistance directly related to population control and family planning. The initiative also emphasizes collaboration with other major donor countries, international organizations and non-governmental

organizations. Japan's official development assistance commitment to the initiative has already exceeded its target, having reached approximately $3.7 billion by the end of fiscal year 1998.

Population and HIV/AIDS are issues that must be urgently addressed by the international community as a whole. Therefore, Japan will continue in future to give them high priority in its official development assistance policy, focusing more on population control and measures against HIV/AIDS. While strengthening its collaboration and cooperation with other donor countries, international organizations and non-governmental organizations, Japan is determined to continue to play an active role in world efforts to tackle the issues of population and HIV/AIDS.

In closing, I would like to express my sincere hope for the success of this conference and affirm that Japan will continue to play a positive role in the world's efforts to cope with population issues.

The Acting President: I give the floor to Her Excellency The Honourable Zaleha Ismail, Minister of National Unity and Social Development of Malaysia.

Ms. Ismail (Malaysia): The Malaysian delegation joins in extending our congratulations to Mr. Didier Opertti on his election as the President of this twenty-first special session of the General Assembly.

In reviewing and recommending key actions for the further implementation of the International Conference on Population and Development (ICPD) Programme of Action, the paramount challenge facing us today is not only to reaffirm but to strengthen the commitment we made five years ago at Cairo, that it is people that matter — their freedom, security, development and well-being. The rights of individuals, couples and parents must be safeguarded inasmuch as the stability of society and country cannot be compromised. Malaysia recognizes the family institution as a fundamental unit of society, and the primacy of ethical values cannot be denied. While the rights of children and adolescents should be safeguarded and promoted, parents have the primary right and responsibility to guide the lives of their children. Malaysia's Vision 2020 recognizes that the thrust of development is in the building of a strong and resilient family system, and it is in this framework that Malaysia will strive to further implement the ICPD Programme of Action into the new millennium.

When we met in Cairo in 1994, East Asian economies, including Malaysia, were enjoying rapid economic growth. Today this situation has changed. This ICPD+5 review is taking place at a time when several developing countries are being challenged by the financial crisis that began in mid-1997. In our countries, the effects are already visible, resulting in a breakdown of economies and in people's livelihood; job retrenchment; interruption in the provision of basic social services; food shortages; and even civil and political unrest. It is thus crucial that programmes for basic development and survival be protected and, in fact, strengthened in order to minimize the impact of the crisis on all vulnerable groups. While Malaysia strongly believes that a comprehensive solution to the crisis and the prevention of a similar recurrence require a global solution, the need for reforms in the international financial architecture is also of paramount importance.

Globalization has opened new opportunities for the sustained economic growth and development of the world economy. Simultaneously, the global community is threatened by environmental degradation; food crises; epidemics; many forms of discrimination, intolerance, violence; and the risk of losing the richness of our cultural diversity. It is therefore of utmost importance to recognize that responses to those changing circumstances and the achievement of sustainable development and social progress will require increased solidarity and exchange of ideas and information expressed through appropriate multilateral programmes and strengthened international cooperation.

On its part, Malaysia has introduced a series of policy packages to address the economic and social impact of the financial crisis and to ensure the continued implementation of the ICPD Programme of Action. Focus was shifted towards preventing any further contraction to the economy, reactivating economic growth and ensuring the continuation of socio-economic projects so that living standards and quality of life, particularly of the poor and lower-income groups, would not be adversely affected.

Malaysia's socio-economic development plans have laid emphasis on an enabling environment. However, the ICPD, the Social Summit and the Conference on Women gave us the opportunity to further pursue more complex and specific issues in the area of population and development. In addition, a social action plan has been formulated to address and alleviate emerging social problems such as socially transmitted diseases, HIV/AIDS, unwanted pregnancies and substance abuse. A more comprehensive and integrated family

development programme has been developed to address the impact of socio-economic development on family structures, relationships and lifestyles.

Malaysia's high standard of health-care services has enabled more Malaysians to live well beyond their 70s, but changes in lifestyle and the pressures of urbanization have resulted in an increase in degenerative diseases. In this regard, advocacy for wellness through a thematic healthy lifestyle campaign is in its tenth year of implementation. A comprehensive range of reproductive health services is already integrated into primary health care, with family planning being accessible, available and affordable without any coercion or discrimination.

Malaysia has embarked on an inter-ministerial initiative through which the broader concerns of reproductive health are being addressed to include programmes on the reproductive health of adolescents and youth, gender sensitization at all levels, enforcement of the Domestic Violence Act of 1996 and the formulation of a comprehensive child act, which seeks to protect children and adolescents from sexual abuse, incest, violence and moral danger and will include provisions for ensuring greater parental responsibility. Linkages and partnerships between the Government, non-governmental organizations and civil society will be further enhanced to complement the Government's efforts in achieving the goals set in Cairo and in their monitoring and evaluation.

Let us at this time work together towards advancing the ICPD goals. Collectively we should make every effort to mobilize national and international resources, including ensuring that the donor community fulfils its financial commitments. The current Asian crisis and its serious implications for population programmes require urgent attention. Let this special session be the time for us to strengthen and reaffirm our commitment so that all the people of the world can enjoy the benefits of development.

The Acting President: I now call on His Excellency Mr. Imankadyr Rysalieyv, Minister, Head of the Department on Social Issues, Administration of the President of the Kyrgyz Republic.

Mr. Rysalieyv (Kyrgyzstan) (*spoke in Russian*): The International Conference on Population and Development was a turning point for population and development issues. The Cairo Programme of Action, adopted in 1994 by consensus by 179 States, marked the beginning of a new approach to achieving prosperity for humankind by means of a series of interconnected goals and objectives in the areas of reproductive health and population. Primarily, we sought to guarantee universal access to comprehensive reproductive health care, including family planning and sexual health; to reduce infant, child and maternal mortality; and to ensure universal access to primary education, focusing in particular on eliminating the gender gap.

The Cairo Conference made Governments primarily responsible for attaining those goals. However, it did point to the important role in population issues and reproductive health care played by civil society, the private sector, the Bretton Woods institutions, regional and international organizations and other organizations of the United Nations system, it and called for strengthening the partnership and cooperation among them.

Over the past five years, the growth rate of the population has slowed, infant and child mortality rates have fallen, progress has been made in gender equality and improvements have been made in reproductive health care. However, the financial crisis that has affected developing countries, the reduction of official development assistance and the drop in international assistance have had an impact on the results achieved in the area of population and reproductive health care. This has been further exacerbated by wars and inter-ethnic conflicts. The fall in the price of oil, gold and other commodities, together with social instability, inadequate State administration, the deterioration of infrastructures and a number of natural disasters that have done enormous damage to the economy have further exacerbated the destitution of those in the poorest strata of the population.

Like many other countries, Kyrgyzstan has experienced the cost of globalization. This has occurred at a time when the Republic is having to resolve problems inherited from the past while at the same time facing challenges with regard to reform in all areas in our society and to the attainment of prosperity for our people. President Akayev and the Government of Kyrgyzstan are paying great attention to the question of population and reproductive health care. Issues of gender equality and reproductive health, including family planning and sexual health, are an important component of the national sustainable development strategy. They are included in all other basic State programmes, including those to improve the status of women and conditions for the elderly and veterans, as well as in the programmes for education, poverty eradication, labour and employment, culture and

public health care and a programme aimed at training talented young people abroad.

These issues are also reflected in our national legislation, and in particular in the Constitution of the Kyrgyz Republic, marriage and family codes and labour law. The Ministry for Public Health elaborated and adopted a strategic plan on reproductive health covering the period up to the year 2005 and has drafted a bill on reproductive health care. In March 1999, for the first time since independence, Kyrgyzstan conducted its first population census. The final result will become known only in January 2000. According to preliminary data, in 1999 the population of Kyrgyzstan is 4,856,000, made up of 2,481,000 women and 2,375,000 men.

However, despite the growth of the population overall, the natural rate of population increase has slowed. The birth rate has also gone down. In addition, infant mortality, which stands at 27 per 1,000, continues to be high. The main reasons for infant mortality are respiratory diseases, which account for more than 40 per cent of all juvenile deaths, and diseases that develop in the immediate post-natal period as a result of difficult pregnancies and the illness of the mother. Maternal mortality rates are still high. The main reasons for this are short intervals — less than 1.5 years — between births, a lack of proper nutrition, anaemia, early pregnancy, a lack of health education and cultural factors. Child mortality is caused primarily by infectious diseases and insufficient availability of medicines.

Young people make up 51.9 per cent of our working population. The most acute problem suffered by young people is unemployment — only 28.4 per cent of them are employed in the economy of the Republic. Given the economic and spiritual crisis, the problem of educating, training and involving young people in the active life of our society is becoming acute. We have instituted a national programme which is trying to provide unemployed young people with the necessary professional knowledge and skills and to provide them with assistance in finding jobs. With the support of the German Society for Technical Cooperation, which is working with the Department of Labour and Employment, an employment programme has been established in our capital, Bishkek, to find jobs for young people. This has become the Youth Labour Exchange of the Republic, and it has been established in other towns. Another project aimed at finding jobs for young people, entitled "A cheque for a job", is also under way.

Average life expectancy in Kyrgyzstan has not greatly increased, and in 1998 it stood at 67 years. The most common reason for death among those over 65 years is cardiovascular diseases, along with accidents and respiratory, oncological and digestive diseases, as well as infectious diseases.

The highest aspiration of any State a healthy nation, and the main goal of our State policy is to create conditions conducive to the all-round development of every individual and to improving the quality of every individual's life. The Government of Kyrgyzstan is deeply committed to the Cairo Programme of Action and to attaining the objectives adopted at the International Conference on Population and Development. But economic problems and a lack of needed financial resources have made implementation far more difficult in the areas of population and reproductive health. To our deep regret, the United Nations Population Fund (UNFPA) thus far has, to the best of my knowledge, been the sole source of financial assistance on population issues. We are grateful to the UNFPA for its cooperation, but we call on donor countries to meet their commitment to allocate a minimum of 4 per cent of official development assistance to population activities. The lack of the necessary financial resources could make the Cairo objectives unattainable and its programmes impossible to implement.

This session, which takes place on the eve of a new millennium that will begin with an expected world of 6 billion, is intended not merely to take stock of what has been achieved in the areas of population and reproductive health care, but also to help us all learn the lessons of the past. One of the main lessons is to understand the importance of partnership and cooperation. Only through joint efforts by Governments, civil society, non-governmental organizations and the international community can we attain the noble objectives of the Cairo Conference.

The Acting President: I now call on His Excellency Mr. Ali Nagiyev, Minister of Labour and Social Security of the Republic of Azerbaijan.

Mr. Nagiyev (Azerbaijan) (*spoke in Russian*): Before reporting on progress in the sphere of population and development in Azerbaijan, let me express our deep gratitude for the concise yet comprehensive report before the Assembly, setting out five years of progress in the implementation of the Programme of Action of the International Conference on Population and Development

(ICPD), held at Cairo in 1994. The report will give further impetus to implementation of the Programme of Action and will help us more clearly to identify the responsibilities of countries in the area of population and development.

Economic reforms, State-building, the development of a multistructure economy and integration into world markets are taking place in the Republic of Azerbaijan at an unprecedentedly difficult time, when one out of seven citizens is either a refugee or an internally displaced person, as a result of the Armenian aggression of the last 10 years. These factors have substantively exacerbated Azerbaijan's problems in the area of population and development.

Current political and macroeconomic stability and increasing investment have created a favourable environment for social reforms. These reforms are supported by the firm commitment of the Government of Azerbaijan to implement the agreements reached at the series of important international conferences of the 1990s, including those adopted at the International Conference on Population and Development.

Over the past five years Azerbaijan has been carrying out reforms in the fields of labour relations, social protection, education and health. Population issues are being considered as part of the process of building a democratic State based on the constitution of the Republic of Azerbaijan, which was adopted on 12 November 1995 and which guarantees equal rights and freedoms for men and women. Basic principles agreed upon in international conventions are reflected in more than 30 laws adopted by my Parliament; these define the basic elements of social protection, health and education. Major international organizations such as the United Nations Development Programme (UNDP), the World Bank, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the International Labour Organization (ILO), the World Health Organization (WHO) and the International Organization for Migration (IOM) have supported various projects and initiatives for development of the reproductive health sector; regulation of the migration process; expansion of employment opportunities for vulnerable groups, especially refugees and displaced persons, women, young people and the disabled; programmes for expanding educational opportunities; and social protection of children.

But the considerable decrease in the rate of population growth, increasing mortality, particularly among able-bodied sectors of the population, increasing maternal mortality and abortions, a decreasing number of marriages and an increasing number of divorces, negative growth in migration and declining fertility are all factors in a deepening demographic crisis in Azerbaijan which has made it necessary to develop and put into effect a national demographic policy and a population development programme.

Our Republic is therefore taking active measures to implement a comprehensive approach to issues of population and development in the context of the ICPD Programme of Action. Since the Conference, we have formulated a national reproductive health and family planning programme, which is being implemented with the support of the United Nations Population Fund. Within the framework of this programme, the first national network of family planning institutions has been established, and we have begun to train specialists for the programme. Non-governmental organizations and community-based organizations became involved in reproductive health activities, and access to modern methods of family planning has consequently improved.

Other important initiatives have been the launching of gender and development plans, the mainstreaming of gender concerns in the work plans of the sectoral ministries, and the introduction of gender sensitivity programmes in various Government organizations and elective bodies, as well as in non-governmental organizations and community-based organizations.

Regardless of all these achievements, Azerbaijan has yet to put in place a comprehensive population development policy that recognizes the interrelationship and interdependence of various social factors and the impact of these factors on population issues. Our country lacks sufficient financial and human resources, as well as experience in the design and implementation of population and development programmes. But the Azerbaijan leadership has the strong political will to develop and implement such policies. One sign of that political will was the hosting of an international conference of Economic Cooperation Organization member countries on the role of men in population programmes; this took place in September 1998 at Baku, Azerbaijan.

In order to avoid many social and economic disasters relating to unresolved demographic problems, and in order to determine national policy in this field, a special State commission was established in December

1998 by decree of the President of the Republic of Azerbaijan. This commission has developed the concept of the demographic development of Azerbaijan, which determines State policy in this field and is based on the principles and objectives set out in the Programme of Action of the International Conference on Population and Development. A programme of cooperation between the Government of Azerbaijan and the United Nations Population Fund is currently being developed for the years 2000-2004 to support the implementation of that concept.

As Minister of Labour and Social Security, I play a leading role in population and development issues in our country. I should like to take this opportunity once again to stress that, while recognizing that national efforts are of crucial importance and take priority in any attempt to achieve the goals of the ICPD Programme of Action, we hope that international cooperation and assistance for our country will be further expanded in this area.

The Republic of Azerbaijan accepts the proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development and will make every effort to implement it.

The Acting President: I now give the floor to His Excellency Mr. Ibrahima Sall, Minister of Planning of Senegal.

Mr. Sall (Senegal) (*spoke in French*): Five years after Cairo, the international community is meeting again, this time to examine the road along which we have travelled, assess the progress achieved, identify the obstacles encountered and mark out paths for the future.

The Cairo Programme of Action, which was the outcome of a delicate compromise made in the face of diverse and even diverging cultural, religious and philosophical values, is the expression of our common will to go beyond diversity and seek together relevant responses to the challenges of sustainable development from the perspective of population, which is certainly the most powerful factor determining the economic and social progress of nations.

Controlling the rate of population growth, providing protection for mothers and children and education for all and combatting poverty and old and new diseases are some of the objectives we set ourselves in the Cairo Programme of Action. My country remains faithful to those objectives. Our current population strategy, which was defined in the declaration on population policy adopted in April 1988 and elaborated in the eleventh orientation plan for economic and social development, was also inspired by the Dakar/Ngor Declaration adopted in the capital of Senegal during the Third African Population Conference.

Senegal's population policy rests on a number of principles, including respect for fundamental human rights; making individuals responsible, as spouses and parents, with respect to their children and the requirements of national development; protecting the family as the basic unit of society and the most favourable context for the growth and development of men, women and their offspring; the right of individuals to choose the size of their families and to have access to an objective education with regard to population issues and to the means to control their fertility; and the right of children to survival, health, education and training.

With regard to the improvement in the status of women in particular, well before the Cairo process began, Senegal resolutely set in motion a bold policy to promote the situation of women. This was vigorously pursued through personal commitment at the highest level in Senegal in order to deal with the problems that constrict women's development. This proactive and resolutely political choice is based on a rejection of all forms of discrimination against women, which is the reason why today women are present in all areas of social activity, including in high-level legislative, executive and judicial posts.

Furthermore, the Government of Senegal is pursuing with the same conviction and energy its crusade against any practices that are detrimental to the health and well-being of women by adopting specific legislation on sexual harassment, forbidding female genital mutilation, which will henceforth be criminalized, and strengthening penalties for rape and violence against women. My country intends to pursue and strengthen these policies aimed at liberating women by introducing a series of draft laws on reproductive health and matrimonial rights and by revising the provisions of family law as they relate to the rights and responsibilities of parents in the conduct of family affairs.

In a world in which more than 1 billion men and women live on less than a dollar a day and cannot satisfy their basic needs for food, housing, basic health care, access to drinking water, education and so forth, economic and social development based on combatting

poverty and better focused on population problems must certainly remains at the heart of our joint action.

But we must recognize that with regard to the mobilization of financial resources, the current status of implementation of the Cairo Programme of Action is falling particularly short of its goals. The relevant documents presented by the Secretariat to our preparatory committee show that the progress achieved five years after Cairo is essentially the result of domestic efforts. This means that the commitments made in the name of international cooperation remain unfulfilled promises. The unprecedented drop in official development assistance and the constraints arising from the persistent debt crisis also clearly reflect the situation.

My delegation hopes that this gathering will provide the necessary momentum to reverse this trend and thereby realize the objectives set out in the Cairo Programme of Action, thanks to the mobilization of adequate financial resources and strong support for the implementing agencies such as the United Nations Population Fund, the United Nations Development Programme and United Nations Children's Fund.

An objective and critical diagnosis of the road travelled since Cairo will surely give us a clear idea of the progress that remains to be made. The means to meet these challenges exist. However, we must find the political will to put them in the service of agreed commitments through international cooperation for development. And it is on this essential political will that the final success of the Cairo Programme of Action will depend.

The Acting President: I now give the floor to His Excellency Mr. Abdelhamid Aouad, Minister of Economic Forecast and Planning of Morocco.

Mr. Aouad (Morocco) (*spoke in Arabic*): Allow me at the outset, on behalf of the Kingdom of Morocco, to congratulate Mr. Opertti on his election to the presidency.

I also wish to thank Mrs. Nafis Sadik and her entire staff for their efforts to ensure the success of this session.

Lastly, I take this opportunity to congratulate the Secretary-General, who was good enough to monitor the review of the implementation of the fundamental chapters of the Cairo Programme of Action, particularly the aspects linked to financing that should accompany future achievements so that the implementation of the Programme can continue in the best circumstances.

In this respect, I would note that Morocco has remained faithful to the spirit of consensus that guided the Cairo Conference. This fidelity is clearly manifest in our respect for the guiding principles of the Conference, including in particular, the sovereignty of national laws, development priorities and the religious, ethnic and cultural specificities of population policies; the refusal to recognize, in the context of establishing a sound concept of reproductive health, the voluntary interruption of pregnancy as a means of contraception; the preservation and consolidation of the role of the family in raising children, especially in reproductive health education for adolescents.

Five years have elapsed since the International Conference on Population and Development was held in Cairo in 1994. This period has been marked by the dominance of financial considerations over governmental policies, the pressure of external debt on the financing of development, a reduction in international assistance and an accelerated opening of markets. This has had a negative impact on social service sectors, which has led to increased unemployment and poverty and a deterioration of human development indicates, particularly in developing countries.

Despite this unfavourable climate, data indicates that the developing countries have achieved considerable progress towards the goals of the Cairo Conference, although international assistance has fallen well short of the required level. The developing countries have thus had to rely basically on their own national resources.

As far as the Kingdom of Morocco is concerned, its consistent population policy has allowed it to register important and diverse successes. Given the lack of time, I will cite only the most notable. These include the adoption of measures to activate the High Commission on Population, to restructure it at the national and regional levels, and to allow it to begin its work on drafting a clear, comprehensive and compatible population policy, taking into consideration the recommendations of several international conferences on the issue.

A national congress on the rights of the child was held in 1994. In 1996, a national institute for the rights of the child was established, chaired by Her Royal Highness Princess Lalla Meriem. Draft legislation has been drawn up to bring national legislation on the rights of the child into line with international conventions and will be presented to Parliament next fall. In 1996, a programme of social priorities was implemented to

expand the access of disadvantaged sectors of society, especially in rural areas, to such social services as education and basic health care, with special emphasis on the girl child and women.

We have stepped up our efforts in maternal and childhood health-care programmes, particularly along the following lines. We have improved access to and the size and quality of basic reproductive health services. We have elaborated a special strategy for information, education and communications, specially designed to raise awareness of the priority of the problems associated with reproductive health, particularly as regards maternal and child mortality. We also increased the share of resources allocated to reproductive health in the overall population policy package from 9 per cent to 13 per cent between 1991 and 1998.

The Government of Morocco firmly believes that strengthening the status of women is a prerequisite of human rights, and it is therefore striving to enhance their legal status, based on the principles of equality and in keeping with the requisites of international conventions and declarations that we have ratified. Morocco is striving to improve judiciary procedures to accelerate the implementation of qualitative reforms in the civil code and the gradual reform of this code in keeping with the precepts of Islam and respect for its values. At the social level, the strategy for women's advancement is aimed at giving new life to programmes specifically targeting women, such as those for literacy, the education of girl children and support for women in economically precarious situations, particularly in rural areas. The overall aim of these measures is to empower women to exercise their political, social and economic rights by ensuring their access to education, health services and the economic infrastructure in disadvantaged areas.

We consider violence against women to be a flagrant human rights violation. Fully supporting this concept, the Moroccan Government has organized a national campaign to combat this phenomenon, in parallel with a plan of action drafted for this purpose and in cooperation with women's associations and relevant non-governmental organizations.

In conclusion, allow me to emphasize the necessity for intensifying support for the United Nations agencies for population and development, especially the United Nations Population Fund. The centrality of its role requires the adoption of new mechanisms to support its work. In this respect, we would suggest that a part of the debt of developing countries be converted into funding population programmes. In solving the problems that humanity in the field of population and development, it is duly up to the international partners to shoulder the lion's share of responsibility. The resources and means required are tremendous, so we must mobilize them in the service of humanity and sustainable human development. I wish the General Assembly every success.

The Acting President: I now give the floor to Her Excellency Mrs. Tran Thi Trung Chien, Minister, Chairperson of the National Committee for Population and Family Planning of Viet Nam.

Mrs. Tran Thi Trung Chien (Viet Nam): Being fully aware that the development of human resources constitutes a decisive factor for the development and prosperity of our nation, since the 1960s Vietnam has implemented a Population and Family Planning Programme and considered it to be an important and integral component of the overall national socio-economic development programme. In its policies, the Government of Viet Nam views human beings both as the target and subject and as a driving force for development. The Constitution of the Socialist Republic of Viet Nam, the Law on Health Protection and the Law on Marriage and Family recognize the rights and responsibilities of citizens in practising family planning on a voluntary basis while harmonizing the interests of individuals with those of the community and society.

The International Conference on Population and Development (ICPD) Programme of Action, adopted in Cairo in 1994, is of significant importance in setting national and global population and development goals for all countries. Based on the ICPD recommendations, Viet Nam has reviewed and adjusted its policies and strategies with a view to achieving sustained economic growth and population stability.

In recent years, Viet Nam has recorded important socio-economic achievements, particularly in the health and population sectors. The fertility rate has declined considerably, as have the infant and maternal mortality rates, while maternal and child health care and family planning services have been considerably improved. Compared with other countries at the same income level, Viet Nam's achievements are noteworthy. The present population growth rate of 1.8 per cent per year and its trend of further decline give realistic hope that replacement-level fertility will be reached by 2005 — the population growth scenario projected for Viet Nam by the United Nations.

Though the economic and financial crisis in Asia has adversely affected Viet Nam, its Government has been determined to continue its investment with a view to meeting basic social needs, including those related to reproductive health and family planning.

Although a number of significant achievements have been recorded in the field of population and family planning, difficulties and challenges still remain on the road to achieving the goals of population stabilization with high population quality and sustainable development. In coming years, our national population programme, while continuing to work to reduce the fertility rate, will focus more on population structure, population distribution and quality of population.

Key orientations will include developing a comprehensive strategy on population and development; integrating the population and reproductive and family planning programme into other socio-economic development programmes; promoting population education among young people to equip them with basic knowledge about population and development, reproductive health and sexual health; improving the quality of reproductive health and family planning services and clients' access to them; and improving the status and empowerment of women in the family and society.

In the immediate future, the population programme will concentrate its efforts and resources on those remote, isolated and poor areas where the fertility rate is still high so as to reduce the population growth rate and to create favourable conditions for socio-economic development and improve the living conditions of the population in those areas.

The Government of Viet Nam considers the relationship between population and development to be an important part of the overall national development strategy and a springboard to improve the quality of life of each individual, each family and society as a whole. We realize that greater efforts must be made in order to achieve the population and development goals set forth in the Cairo ICPD Programme of Action. Bearing this in mind, we hope that the proposals for key actions for the further implementation of the ICPD Programme of Action will be adopted for submission to the General Assembly.

On 1 April 1999, the Committee of the United Nations Population Award announced the 1999 United Nations Population Award. One of its winners was the Viet Nam National Committee for Population and Family Planning. On this occasion, allow me, on behalf of the Government and people of Vietnam, to express our sincere thanks to the United Nations agencies, the Governments of United Nations Member States, international organizations and especially to the United Nations Population Fund (UNFPA), which have provided Viet Nam with valuable assistance over the past two decades. We would like also to thank international friends for encouraging us with respect to this special event. We wish to share our experience in population and family planning work with other countries in order to strive for the overall goals set forth by the ICPD Programme of Action.

Let us strive harder to implement programmes on population and development for the benefit of present and future generations and of each individual, each family and each nation, and for the harmonious and sustainable development of humankind.

The Acting President: I give the floor to His Excellency Mr. Ibrahim Hussain Zaki, Minister of Planning and National Development of the Republic of Maldives.

Mr. Zaki (Maldives): It is indeed a great pleasure for me and for members of my delegation to attend the twenty-first special session of the General Assembly to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994.

I am particularly pleased to convey to Mr. Didier Opertti, and through him to the Assembly, warm greetings from the President of Maldives, His Excellency Mr. Maumoon Abdul Gayoom.

The Maldives has closely followed the ICPD+5 process, from regional to global reviews. We have been both impressed and greatly encouraged by the enthusiasm displayed by the international community in fulfilling the commitments made at Cairo. We believe that it is only by working together that the many important and interrelated issues confronting our peoples can be meaningfully addressed and resolved.

We have come a long way in our understanding about population problems. Today we all know that population is not about numbers and that behind each statistic stands a person. Today we are all agreed that the issues of population cannot be treated in isolation, and that the life of each individual person is intimately linked

to a wider process of development and change, a process that often goes beyond national boundaries. And we must applaud and congratulate the United Nations Population Fund, especially Mrs. Nafis Sadik and her able team, for leading the way in achieving this new consensus on population.

The Maldives views issues of population with great concern. As a small island developing State, our problems are unique. Our population of just over a quarter of a million may not be big, but the challenges are daunting. About half of the population is below 15 years of age. The high population growth rate of 2.7 per cent is expected to double the population in 25 years. The wide and uneven distribution of the population across vast expanses of ocean makes it difficult to provide basic infrastructure and social services. Limited space in the emerging urban centres has led to overcrowding and housing problems. The country's narrow economic base, with tourism and fisheries contributing about 40 per cent of the gross domestic product, leaves the country excessively vulnerable to external shocks. The delicate environmental balance of our island ecosystem creates further vulnerabilities that are largely beyond our control.

Despite these problems, however, our economy has performed well and is projected to grow at an annual rate of around 6 per cent over the current period. Strong economic growth has enabled my Government to allocate approximately one third of capital expenditure to social services. Improvements in health services have led to a substantial reduction in infant and maternal mortality and morbidity. The literacy rate has reached 98 per cent, primary education is near-universal and the enrolment ratio is equal for both sexes.

While these are laudable achievements, much more needs to be done to cater for the growing numbers of young people, half of whom are going to be in the reproductive age groups over the first quarter of the next century. We need to further reduce infant and maternal mortality and achieve higher levels of human resource development. In addition, we need to intensify our efforts to protect and preserve our environment, on which we depend for our very survival.

Our population policy and development programmes are aimed at enhancing the life chances of our population and improving standards of living by providing better reproductive health care and educational services, empowering women, strengthening the bonds of family and increasing community participation in the design and implementation of our development programmes. Consolidating the widely dispersed island populations and reducing the cost of providing basic infrastructure is an important part of our population policy. We are also taking active measures to diversify the economy and create greater opportunities for income and employment for all. Furthermore, environmental protection and promoting the rational use of natural resources form an important part of our overall development strategy.

In addition to providing basic services for our society and improving economic performance, the challenges of the future will make it necessary to build bridges across generations and create a more understanding and progressive cultural milieu in which young and old together embrace the new values of our evolving societies while respecting the traditions that we have inherited from our forefathers. As we stand at the threshold of the new millennium, we need to rededicate ourselves to the goals of the ICPD and work towards building a society that is free from prejudice and inequality, a society in which the rights of all are respected and revered.

In a globalizing world, island nations such as ours, with limited natural resources and human capital, urgently need the support and assistance of the international community in overcoming our inherent vulnerabilities and realizing the hopes and aspirations of our peoples for achieving lasting and meaningful development. In this context, it is regrettable that the world community remains far from meeting the funding goals that were agreed at the ICPD. We look towards the United Nations to ensure the creation of a just social and economic order that will lead us to a future in which our children are free from hunger and disease, a future of hope and prosperity for all our peoples. I am confident that the United Nations will not fail us in helping to create that future.

The Acting President: I now give the floor to Her Excellency Mrs. Gloria Valerín, Minister for the Status of Women of Costa Rica.

Mrs. Valerín (Costa Rica) (*spoke in Spanish*): The International Conference on Population and Development (ICPD) signified an advance in the recognition of the clear rights of individuals and opened up great possibilities for the implementation of programmes and activities for care and prevention, all of which have as their objective the enhancement of the quality of life of human beings.

In Costa Rica today, the Office of the First Lady, the National Institute for Women, the Costa Rican Fund for Social Welfare and the Ministry of Health are promoting strategic sexual and reproductive health programmes.

The Government of Costa Rica is grateful for the opportunity to mention to the various programmes that we are currently carrying out. Our programme for the comprehensive care of cervical, uterine and breast cancer has brought standards and procedures for care up to date, reorganized prevention and care programmes in health institutions and carried out educational campaigns to prevent cervical, uterine and breast cancer, introducing gender-based training for the staff employed in our basic comprehensive health-care teams. It has also set up a laboratory that will soon be in a position to process 400,000 Pap smears per year.

The Young Love Programme includes sex education activities with and for girls, boys and teenagers. The Building Opportunities programme creates opportunities for personal and social empowerment and improving the quality of life for girls, pregnant teenagers and mothers through personal development and by providing access to comprehensive health services, education, employment opportunities and child care.

The project for the care and prevention of sexually transmitted diseases and AIDS in child prostitutes attempts to identify the skills and the needs of these girls and to involve them in formal education. The programme provides for the wide participation of Government officials, universities, non-governmental organizations, specialists and support staff, and it will make it possible to carry out a number of tasks related to HIV/AIDS. It defines their functions and establishes deadlines, which is essential for performance appraisal. Furthermore, at the beginning of June this year, a by-law of the general AIDS law was promulgated to ensure that that law is applied in a framework of full respect for the individuals suffering from this grave disease.

The immigration programme and amnesty regime is based on an executive decree of 9 November 1998. It is complemented by a by-law of the emergency regulations published on 29 January of this year. These two pieces of legislation establish the qualifications, reception sites and procedures and set out the rights of migrants. This exceptional regime was created in response to the social, human, economic and environmental drama brought on by the several natural disasters that devastated the vulnerable economies of the Central America countries. We have thus made it possible for migrants, both men and women, to regularize their legal situation so that they can avoid deportation and the resulting worsening of their personal and social situations.

To monitor compliance with the Cairo agreements and, later, those of Cairo+5, the Government, non-governmental organizations and United Nations agencies have set up a tripartite commission which has already begun its work.

As regards development, we have been devising a national women's employment policy to enable women to overcome the obstacles they encounter when seeking to join the labour force on an equal and equitable footing with others.

We are convinced that the agreements achieved here will provide new impetus to give our people, particularly our women, access to education, health and development.

The Acting President: I now call on His Excellency Mr. Leonardo Santos Simão, Minister for Foreign Affairs and Cooperation of the Republic of Mozambique.

Mr. Simão (Mozambique): On this auspicious occasion of the twenty-first special session of the General Assembly, I wish, on behalf of my Government and on my own behalf, to express my profound appreciation to the President and to the Secretary-General for convening this meeting on population and development. Indeed, population is and will remain the core of our activities as Governments and nations.

Five years have elapsed since we began this process in Cairo, and it is encouraging to note that our commitment to the common goals set forth in the Cairo Programme of Action are still alive today.

In 1994 when we approved the Cairo Programme of Action, my country was in a period of transition from war to peace, and since then we have taken sound political and economic measures to improve the social conditions of the Mozambican people as a whole. During the period of 1994-99, which coincides with the implementation of the five-year Government programme, the national economy has been growing at encouraging rates, thus contributing to the creation of a climate conducive to private investment. The positive impact of political and economic stabilization, coupled with greater allocation of resources to the social sectors by the Government, has contributed to a great extent to the

implementation of the Cairo Programme of Action. As a matter of fact, the share of the national budget allocated to the social sectors today has increased to 28 per cent, compared to 14 per cent in 1994.

Important legislation has been approved during the period under review, including policies related to education, culture, health, employment, the environment, youth and social welfare. These policies are common in nature, and they give special priority to women, children and the elderly. In this connection, I would like to highlight the adoption of the national population policy. We regard this policy as a fundamental instrument for influencing the determinants of demographic variables, with a view to contributing to harmonious economic growth and to improving the human development of the country.

However, like many other developing countries, Mozambique has a high population growth rate, estimated at about 2.7 per cent a year. This growth is the result of a combination of factors, including a rapid decline in the mortality rate and a persistently high fertility rate. Meanwhile, the infant mortality rate remains very high. It is estimated to be 134 per thousand live births. Maternal mortality is also high, estimated at 1,500 per 100,000 deliveries.

When we last met, in Cairo, we set a goal of cutting the 1990 level of maternal mortality in half by the year 2000. It is with regret that as of today, despite all of our efforts, this goal has yet to be achieved. Inadequate infrastructures, lack of qualified personnel, lack of drugs and persisting cultural and traditional practices that interfere with programme implementation still constitute a great challenge today. At the international level, inadequate financing and the imposition of new conditions, as well as reduction in official development assistance, have further exacerbated the internal difficulties faced by our countries. Our only hope is that the new realities will not make these difficulties even worse.

The ever-increasing threat of epidemic diseases that respect no boundaries and continue to claim thousands of lives every year has also played a negative role. My Government shares the concerns of other Governments, and indeed of the international community as a whole, regarding the increasing numbers of people affected with HIV/AIDS. In an attempt to address this challenge, we have launched a campaign to educate our people. The main targets are adolescents and youth, for they are the most vulnerable segment of the population. In this regard, in 1996 we created an intersectoral committee for adolescent and youth support and development, charged with the coordination of activities related to adolescent reproductive health.

We are therefore conscious of the fact that a lot remains to be done in order to improve the standards of living of our population, as a contribution to the implementation of the Cairo Programme of Action. Our main objectives are to eradicate absolute poverty, increase access to basic education for girls, eliminate gender disparities, increase access to reproductive health care, and reduce cultural and legal barriers that discriminate against women and girls, as well as to reduce maternal and infant mortality rates.

Gender equity and equality have remained a top priority of my Government, for we believe that no development policy can succeed when one important segment of the population is sidelined. We have been implementing specific measures to improve the status of women. In 1996, the Government approved a national post-Beijing plan of action, and for its implementation the Government has established a multisectoral operative group, with participation of both governmental and non-governmental institutions.

In Mozambique, the involvement of women in the decision-making process has increased considerably since 1994. Women now make up 28 per cent of the parliament and 13 per cent of the cabinet. With our continued resolve to ensure more participation by women in all sectors of our society, coupled with our programme to increase access to education for girls and women, we are certain that these numbers will further increase.

Regional and international partnerships are key elements for the success of the implementation of the Cairo Programme of Action. We would therefore like to express our appreciation to the United Nations agencies, funds and programmes for their role in providing financial and technical support in the field of population and development. It is our hope that this example will be followed by similar actions from those partners who have committed themselves to support the Cairo Programme of Action. Resource mobilization and international cooperation should remain high on our agenda for the future if we are to make further progress with the implementation of the Cairo Programme of Action.

The issue of external indebtedness continues to be a major impediment to the implementation of our commitments to social programmes.

On behalf of my Government and for my own part, I wish to seize this opportunity to thank most sincerely the International Development Association of the International Monetary Fund and the World Bank for the very important announcement made yesterday concerning debt relief for Mozambique under the Heavily Indebted Poor Countries Debt Initiative. This decision could not have been more timely after so many years of hardships endured by our people. Our thanks go also to the international community at large for recognizing and encouraging the efforts of Mozambique to build a better future for its people. Debt relief will help Mozambicans to undertake further measures in the implementation of economic and social programmes. After all, debt relief will be meaningful only if it can contribute effectively to poverty eradication.

As we all prepare for the new millennium, it is my sincere hope than the goals set out in the Cairo Programme of Action will be a reality for all, without exception. History reminds us that through joint efforts we have been able to overcome some of the daunting challenges and difficulties that mankind has faced, including epidemic diseases, natural disasters and wars, to name just a few.

Let us keep this spirit alive to ensure that future generations will be able to enjoy a better world in the years to come.

The Acting President: I call next on His Excellency The Honourable Nassoro Malocho, Minister of State for Planning of the United Republic of Tanzania.

Mr. Malocho (United Republic of Tanzania): My delegation wishes to congratulate Ambassador Didier Opertti and the other officers of the General Assembly on their election to steer our deliberations at this special session. It is our conviction that this session will provide opportunities for decision-makers to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

Tanzania actively participated in the International Conference on Population and Development in Cairo in 1994 and committed itself to the Programme of Action and the recommendations of the Conference. It is on that basis that Tanzania has embarked on a series of post-ICPD activities. The population sector has adopted new approaches found to be more appropriate to our community, emphasizing gender equity, reproductive health, and rights, and the empowerment of women. Tanzania has also found that the integration of reproductive health services within primary health care activities makes them more accessible to the community, and more affordable. The reproductive health and child care unit of the Ministry of Health has been strengthened, and has been mandated to coordinate all reproductive health activities in the country, including family planning, control of sexually transmitted diseases and HIV-AIDS, mother and child health, and post-abortion care.

The Government has instituted legislative and institutional changes to enhance gender equity and the empowerment of women, as well as establishing a ministry responsible for community development, women's affairs and children. Tanzania has also mainstreamed gender into the macro-economic policy framework, including the budgeting process and procedures. For instance, the universal access of girls to education and training is being enhanced. An education and training policy which, among other issues, aims at raising participation rates of girls by establishing more boarding schools for girls was adopted in 1995. Education and training curricula have been reviewed to avoid assigning gender-stereotype roles.

On the participation of women in decision-making positions, women have special seats reserved for them in all decision-making bodies, from the village to the national level. For example, women are guaranteed at least a 15-per-cent representation in Parliament and at least 25 per cent in local government councils.

The national population policy of 1992 is being reviewed to incorporate the emerging concerns of gender, youth problems, HIV-AIDS, environment and poverty alleviation, and a broader concept of reproductive health that encompasses sexuality and adolescent concerns which had not been perceived as social problems in the past.

In order to stimulate meaningful change for better social services for Tanzanians, the Government is undertaking social sector reform programmes which identify areas that need to be either reviewed or reinforced with the aim of improving service delivery. Social sector reforms emphasize decentralization of social services management, delivery of care and improvement of its quality and efficiency. Pilot areas for decentralization have been established, and the community is widely sensitized to participate in social services management, including reproductive health.

We do not underestimate the strong partnership and vital contribution of civil organizations in policy

formulation and in the implementation of population programmes. Non-governmental organizations have also played a crucial role in complementing government efforts to mobilize resources for population programmes, advocacy and lobbying for change in repressive cultural practices and legislation. We also appreciate the continued financial and technical support for population programmes that both bilateral and multilateral organizations render to our country. Time certainly will not allow me to mention all of our partners by name. However, Tanzania recognizes and is appreciative of the leading role played by the United Nations Population Fund (UNFPA) in supporting population programmes in our country.

Although Tanzania has registered modest achievements in the field of population, its social indices still remain low. With a youthful population, in which those under 15 years of age comprise 47 per cent of the population, the population growth rate is as high as 2.8 per cent. Life expectancy at birth is estimated to be 49 years, down from 55 years in the 1980s, while whatever gains are made in this area are being wiped out by the high death rate, which is due particularly to the high incidence of HIV/AIDS.

The reproductive health situation is also very poor, with high-risk programmes, high maternal mortality rates, a high rate of infant and child deaths, high fertility rates, a low contraceptive prevalence rate, a high proportion of unmet reproductive health needs, and the existence of harmful practices such as female genital mutilation. Previous studies show that 26 per cent of girls aged between 15 and 19 have already begun childbearing. Maternal deaths are still high at a rate of 529 deaths per 100,000 births. Eighty-eight infants out of 1,000 births die before reaching age one, while 137 children out of 1,000 die before celebrating their fifth birthday. Female genital mutilation is still being practised in Tanzania, with about 18 per cent of women reported to have been circumcised. At the same time, youths and adolescents are the most underserved population sub-group in our society as far as reproductive health and reproductive rights are concerned, in terms of both information and products.

Tanzania, like many other countries on the African continent, is faced with a number of daunting challenges in its efforts to implement the ICPD Programme of Action. The pace and scope of our efforts to reach the ICPD goals are greatly hampered by a shortage of resources. Although the Government has been increasing the share of resources allocated to the social sector and population programmes, available resources have tended to be much less than required.

Debt servicing has also been a major constraint. By the end of 1998, the country's external debt was about $8 billion, equivalent to 110 per cent of its gross domestic product. Currently, about 35 per cent of the total annual budget goes to debt servicing. Debt relief actions for the highly indebted poor countries are a positive step in enhancing capacities for implementing the ICPD Programme of Action. However, such actions need to be made more flexible in order to accommodate many of those countries.

Over the years, Tanzania has become almost a permanent home to hundreds of thousands of refugees from neighbouring countries. We welcome these refugees, in accordance with international conventions. We know that they are human beings and their rights have to be respected accordingly. However, the burden these refugees pose on our environment, infrastructure and social services is very serious. Although the international community has generously come up with some assistance to ameliorate the situation on several occasions, for which we are very grateful, there is an urgent need to step up this support and assistance in order to avoid a long-lasting catastrophe in the refugee camps and surrounding communities and for the overall development of the country.

The HIV/AIDS epidemic is another threat to our socio-economic development. In view of the social, economic and health impact of the pandemic of HIV/AIDS, its prevention must be accorded high priority by the international community if we are to survive in the new millennium. Now that we are more aware of the magnitude of the problem than we were in 1994, more resources have to be directed towards the control of the epidemic. The role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) must be reinforced in leading a more concerted and coherent response to the HIV epidemic. Tanzania has intensified its fight against HIV/AIDS through a multisectoral approach. A National AIDS Advisory Board, chaired by Ali Hassan Mwinyi, former President of Tanzania, is reviewing current policy.

Given the existing constraints and challenges in the country, I wish to assure delegates that measures to create an enabling policy and legal framework have been undertaken. Opportunities also exist that can increase the pace of success. First, the country enjoys peace,

tranquillity and unity among its people. The introduction of a multi-party democracy has raised the level of political involvement and participation of the people, including that of women.

Secondly, the adoption of the long-term National Vision 2025 programme and the subsequent medium-term plans will offer a long-term policy guide and framework for strategic thinking. Hitherto, Government intervention was based on the short-term outlook and sometimes on foreign prescriptions, such as the economic recovery programmes, structural adjustment programmes and structural adjustment credits, some of which had negative effects on the well-being of the most vulnerable part of our society.

Thirdly, there has been a rapid increase in the involvement of civil society, especially non-governmental organizations, in the country in recent years. Such organizations, which have been working with communities at the grassroots level, are more responsive to local needs and are effective mobilizers of the people. They are emerging as successful change agents through lobbying and advocacy.

Fourthly, the ongoing reforms in the macro-economy, in the public sector, in local government, in the social sectors and in the political arena have established the tempo of change. We hope that the impact of these reforms will be to enhance partnership with the private and non-governmental organization sectors. Consequently, governance, accountability and people's participation will increase. Eventually, the rationalization of public-sector functions will make available more Government resources for social services.

I would like to stress that the world community is not short of blueprints and programmes of action. What we are short of is their implementation. Another limiting factor is the lack of coordination of efforts among collaborating partners. The "do it alone" syndrome leads to ineffective use of these resources.

The future, therefore, depends on working together and fulfilling the promises that have been made by different parties for the realization of the ICPD Programme of Action. Anything short of the fulfilment of these promises will ultimately affect the implementation process and contribute to slowing the process of poverty eradication, to which we committed ourselves in a number of international forums in the 1990s.

The Acting President: I now give the floor to His Excellency Mr. Petar Boyadjiev, Minister of Public Health of Bulgaria.

Mr. Boyadjiev (Bulgaria) (*spoke in French*): First of all, I should like to congratulate Mr. Opertti on his election to the presidency of the General Assembly at this special session. I also wish to congratulate the other members of the Bureau.

The delegation of Bulgaria greatly appreciates the key actions proposed for the further implementation of the Programme of Action. We believe that this document will make a decisive contribution to accelerating the process of implementing the measures agreed upon at the 1994 Cairo International Conference on Population and Development (ICPD).

Bulgaria has already aligned itself with the statement made by the representative of Germany on behalf of the European Union and associated countries. I should therefore like to raise some issues of particular importance to my country.

The development of the Bulgarian population today is marked by a deterioration in health and demographic indicators, including a steady decrease in the birth rate, which is now about 8 per 1,000; an increase in the mortality rate to 14.3 per 1,000; negative population growth, which stands at -6.4 per 1,000; and an exceptionally low overall fertility rate of 1.11 children per 1,000. In recent years, the infant mortality rate has been 14 to 16 per 1,000. The ageing of the population is continuing. In 1998, one person in four in Bulgaria had reached retirement age. All of these factors mean that we need to develop a policy capable of meeting the needs of an ageing population. The fact that there will be ever fewer people in the coming years to replace the active part of the population is of great concern.

The current demographic situation reflects the historical dynamic of the population going back over decades. A pro-birth policy was in effect until 1990, but it proved to be ineffective and did not lead to a change in the reproductive behaviour of the population. Despite a well-developed health network, activity in the area of family planning has remained ineffectual and voluntary termination of pregnancy has become the main method of birth control.

Mr. Wehbe (Syrian Arab Republic), Vice-President, took the Chair.

A radical reform in health care was undertaken in 1997. Primary health services provided to our people play an essential role in the new programme. In keeping with the Cairo Programme of Action, primary health care will offer a complete package of services in reproductive health care. Health promotion activities and the prevention of sexually transmitted diseases and unwanted pregnancies have an important place in the general practitioners' package of services.

International cooperation and partnership have been of exceptional importance in recent years in the implementation of reforms in the health and social areas. The family planning project financed under the PHARE Programme and implemented from 1995 to 1997 sparked an improvement in the quality of family-planning services and provided an opportunity for effective cooperation with the non-governmental sector and the mass media.

The implementation of a one-year project on HIV/AIDS strategic planning was launched in the context of an agreement between the Ministry of Health and the United Nations Development Programme. The aim of the project is to analyze the situation and to develop a national plan of action.

Participating in this special session of the General Assembly is of great importance to Bulgaria, since demographic trends in our country show a tendency towards stagnation that may have negative consequences in the next few decades.

At present, the development of a comprehensive reproductive health strategy, in cooperation with the United Nations Population Fund, is a priority for my Government, as is the implementation of a national reproductive health policy and of a programme elaborated on the basis of the recommendations of the International Conference on Population Problems and the Cairo Programme of Action.

In conclusion, I wish to stress once more the commitment of the Bulgarian Government to working for the development of the nation within the context of the overall development of our people in the name of the values common to all humanity.

The Acting President: I now give the floor to His Excellency Mr. Donald Buchanan, Minister of State in the Ministry of Finance and Planning of Jamaica.

Mr. Buchanan (Jamaica): The International Conference on Population and Development (ICPD) was a milestone for global population and development initiatives and set the global framework for cooperation in this area. This review is timely as it allows us, five years later, to examine the extent to which we have implemented the Cairo Programme and to chart our future course of action while sharing in and learning from each others' national experiences.

The central theme of this review — that population concerns are an indispensable part of national and international efforts to achieve equitable, sustained development — is particularly relevant to small island developing States, such as Jamaica and many in the Caribbean. In view of this, the mutually reinforcing links between population growth, poverty, economic progress, environmental conditions and unsustainable consumption patterns become stronger and may have more immediate consequences to our countries. Decisive action at the national and international levels will determine whether these consequences will be either a downward spiral of increased poverty and environmental degradation or the achievement of sustainable development and improved quality of life for our people.

This review must therefore, *inter alia*, ensure that population strategies are geared towards achieving the goal of poverty eradication, address the linkages between adolescent fertility and the perpetuation of the poverty cycle, increase cooperation for capacity-building in the area of reproductive health, and intensify efforts and commitments to addressing the AIDS pandemic.

The purpose of this review, as we see it, is not to rehash old issues, but to work towards the achievement of the goals identified in the Programme of Action. Hopefully, the difficulties which have arisen during the preparatory process will, through increased public awareness and better understanding of population issues, serve to facilitate the further implementation of the Cairo agenda.

Probably the most outstanding achievement for Jamaica since Cairo has been in the area of capacity-building, particularly with respect to policy and programme development. As a direct result of the ICPD, Jamaica revised its national population policy and formulated a national plan of action on population and development, consistent with the Cairo Programme of Action. This influenced the subsequent development of national policies and programmes in the areas of family-

life education, children, youth, senior citizens and poverty eradication. The thrust towards policy development is still proceeding with plans to formulate policies on disability, international migration, reproductive health, information, education, communication and advocacy. Non-governmental organizations have been actively involved at all levels in the development of our policies and programmes and have participated in their monitoring and evaluation.

My Government recognizes that sexual and reproductive health rests on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.

Only last year, we were pleased that a distinguished Jamaican, Mr. Hugh Wynter, Chairman of the National Family Planning Board, received the 1998 United Nations Population Award in recognition of his influence in shaping the provision of family planning and reproductive health services in the Caribbean over the past 40 years. Due to the efforts of the National Family Planning Board and committed individuals like Mr. Wynter, Jamaica today enjoys moderately low rates of population growth, fertility and infant mortality.

In 1960, the total fertility rate was approximately 6 births per woman. In 1997, this rate had fallen to 2.8 births per woman. Despite this achievement, adolescent fertility remains a serious problem in Jamaica, where about 25 per cent of total births are to adolescents 15- to 19-years old. Contraceptive use among them is low, putting them at extreme risk of being infected by sexually transmitted diseases, including HIV/AIDS. In fact, the rate of transmission of HIV among the youth is the fastest of all other age groups. The implications for the future are indeed of great concern to the Government.

Another important consideration needs to be highlighted. Poverty is principally a youth phenomenon in Jamaica. One of its major routes of transmission between generations is through early childbearing, resulting in, among other things, discontinued education and unemployment. Breaking the cycle of poverty is coterminous with the empowerment of our women.

Initiatives by government, with assistance from the United Nations Population Fund and the United States Agency for International Development, targeting adolescents and youth in selected communities island-wide, have shown positive but limited results. The task ahead requires a much more comprehensive, multi-pronged and integrated approach to systematically address the complex and interrelated needs of adolescents and youth.

Jamaica has been experiencing a moderately rapid process of ageing. The most noticeable feature has been a decline in the proportion of children up to 14 years old and a significant expansion of the proportions in the reproductive, labour force and retirement ages. In recognition of the implications of these changes for continuing population growth, reproductive health, job creation, welfare and poverty eradication programmes, the Government is committed to including these areas in population programme development and implementation.

Since we are a small, island, developing State, our vulnerabilities lie in our susceptibility not only to natural disasters but also to external macro-economic factors. For nearly two decades we have pursued structural adjustment and liberalization policies which have severely constrained our national budget and have seriously reduced allocations to national development programmes, including those in the area of population. Some critical programmes have had to be scaled down or placed on hold. In addition, recent financial crises, coupled with the vulnerabilities and the constraints faced by our local production and marketing systems in competing in international markets, have also served to limit the national budget. Our external debt burden has escalated over the same period. Today over 60 cents in every dollar in the national budget go towards debt repayment. Of the remainder, over 80 per cent go towards meeting recurrent expenses. The logic of the scenario for development is self-evident. Indications are that related goals and objectives for fertility, life expectancy, primary health care, reproductive health, education and poverty eradication may not be achieved within the desired time frame.

Direct aid alone will not provide a lasting solution to recipient countries' development needs. It will also be necessary to reform international economic and financial institutions to promote equitable relationships between countries, particularly in the area of trade, to avoid dependence on aid. We note with special interest recent steps by the Group of 7 and some individual countries to reconsider strategies and to take tangible steps to alleviate the debt burden, particularly on the most vulnerable.

As earlier speakers have noted, developing countries like Jamaica have demonstrated their commitment to implementing the Programme of Action by formulating

new, or revising existing national population and development policies in line with the International Conference on Population and Development (ICPD) goals and have already allocated scarce resources to fulfil their commitments. The reality is that the resource goals in the Programme of Action are still elusive.

Finally, Jamaica wishes, in this forum, to fully recommit herself to the goals and objectives enshrined in the Cairo Programme of Action, as we consider that in the attainment of these goals we will ensure a better quality of life for our people and for generations yet to come.

The Acting President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Vladimir Hotineau, Deputy Minister of Health of the Republic of Moldova.

Mr. Hotineanu (Republic of Moldova) (*spoke in French*): First of all, I should like to convey congratulations to the President on his election to the Presidency of this special session of the General Assembly. I am convinced that because of his skill, and with the support of all Member States, he will do an outstanding job.

This is a good opportunity for me to participate on behalf of the Government of the Republic of Moldova in this special session devoted to the review and appraisal of the implementation of the Programme of Action adopted five years ago by the International Conference on Population and Development (ICPD). I am sure that this meeting will offer us an excellent forum to discuss population problems as well as the future of international policies in the area of population and development.

The five years since the International Conference in Cairo have been of special importance for the Republic of Moldova. During this time, basic changes have occurred in all areas of economic and social activity, which in turn have made irreversible the process of democratization and the transition to a market economy. In the context of the reform process, we have adopted social and economic measures to design a legal system to protect the people, given the worsening basic health indicators and our shrinking population.

In implementing the Programme of Action adopted at the Conference in 1994, we have started a process of creating a legislative basis for gender equality and reproductive health, including the reorganization and the improvement of State services for family planning and the development of an educational system for young people. Thanks to the close cooperation between the Government, the non-governmental organizations and United Nations agencies, we have seen positive trends in reducing maternal and infant mortality rates. The use of hormonal contraceptives has increased in recent years from 1 to 5.1 per cent. Nevertheless, these indicators are still below the indicators we see in developed countries.

It is certain that the Programme of Action was a new milestone for international development. That is why the delegation of the Republic of Moldova supports the conclusions and recommendations contained in the report of the Commission on Population and Development as the preparatory committee for the special General Assembly session. This document includes, in our view, some key actions that will be taken by the international community to attain the objectives of the 1994 Conference.

I should like to stress at the same time the fact that the limited financial and economic resources of the Republic of Moldova have, to a certain extent, impeded implementation of Cairo Programme of Action. The international economic and financial crisis has also affected the Republic's social welfare system, which has influenced indirectly the decision of families about the number of children they want, the improvement in family stability and, consequently, the lifestyles of families.

Programmes promoted by the Ministry of Health involve in particular increasing the access of young people and adolescents to reproductive health care. There is also an effective campaign under way to provide information and education in cooperation with civil society.

Despite the fact that the Republic of Moldova in recent times has given priority to reproductive and sexual health, in accordance with the provisions of the Cairo Programme of Action, there are still deficiencies in the system of family planning and reproductive health care, in the quality of services for our people and in the creation of an appropriate medical system. We need to reduce the number of abortions and to prevent sexually transmitted diseases and HIV transmission. We need to train medical staff and to provide clinics with contraceptives, in particularfor those who live in rural areas and for young people.

In conclusion, I would like to underscore that the tasks set out in the Cairo Programme of Action remain of overriding importance for the entire international community. The Republic of Moldova is one of the

countries that is continuing to strive to make effective use of all available resources so as to improve reproductive health and the demographic situation. Ongoing support from the international community could have a positive impact on the creation of the necessary infrastructure and the institutions needed for the harmonious development of the Moldovan people.

The Acting President (*spoke in Arabic*): I give the floor to His Excellency Mr. Mohammad Abulhasan, chairman of the delegation of Kuwait.

Mr. Abulhasan (Kuwait) (*spoke in Arabic*): Allow me at the outset to extend our congratulations to the Commission on Population and Development for its efforts in preparing for this special session of the General Assembly. I wish also to congratulate the United Nations Population Fund on the role it has played in dealing with the practical requirements for this session and with the implementation of the International Conference on Population and Development Programme of Action.

The high level of international participation at this special session reveals the importance the entire international community accords to the role population and development play in promoting the material and cultural well-being of humanity.

Kuwait takes a comprehensive development perspective on population issues and how to deal with them. It is concerned both for economic growth and for distributing the fruits of this growth to all citizens. Furthermore, it takes a special interest in catering to basic needs in the fields of health, education, housing and social and public services. It takes an equal interest in meeting human aspirations for raising living standards.

A case is in point is the social programmes being undertaken by the State in the interest of all citizens of various ages. Care begins before the birth of Kuwaiti children, in conformity with careful scientific planning. Government expenditures for social services amounted to more than 41 per cent of the total public expenditures for the 1994-95 biennium.

We are committed to studying population issues. Analyses are prepared periodically and regularly, and specialized studies are also undertaken and continuously updated. On that basis, the Government's plans are reviewed to ensure that various population needs — for housing, education and health services — are met. These studies also provide a means of assessing the services that are being offered to various societal groups, such as children, youths, the disabled and the elderly. We also rely on these studies to elaborate our development strategy, a main objective of which is the building of the Kuwaiti person and addressing all issues facing the economy and society.

Our concern for the provision of educational and training services, including higher education, does not stop at increasing the numbers of those who benefit from these services. We seek to improve the efficiency of the educational system in its entirety, so as to meet high educational standards at all levels. These efforts will guarantee consistent improvement in the Kuwaiti quality of life as well as equal educational opportunities for all citizens. For the 1997-1998 biennium more than 10 per cent of total Kuwaiti public expenditures have been devoted to education.

The health-services sector occupies a central place in our policies. The State is devoted to providing all types of preventive and restorative health care for our citizens, in addition to raising awareness of sound health and nutritional practices and to creating, maintaining and preserving a fundamentally healthy environment. For two decades, from 1970 to 1990, health-care expenditures amounted to 14 per cent of total public expenditures. This rate dropped after much of the basic health-care infrastructure had been created. For the 1997-1998 biennium health-care expenditures were five percent of total public expenditures. The continuous advances in health-care services can be seen in the low mortality rate — 2.1 per one thousand — as well as in the declining infant mortality rate — 11 per one thousand children — and in the decline in the mortality rate for newborns, to 7.3 per one thousand, according to 1994 statistics.

State-provided social services meet the various needs of the Kuwaiti population. They include new labour and social-security programmes. Social-services and social-security expenditures were 12 per cent of the total public expenditures for the 1997-1998 biennium.

Kuwait has paid special attention to housing programmes because it believes that adequate housing is a social necessity and has an impact on the population's standard of living. Housing-sector expenditures represented 2 per cent of public expenditures for the biennium 1997-1998.

In the field of women's issues, one of our most salient achievements — and one in which we take pride — is the act granting Kuwaiti women full political rights in elections to parliamentarian councils. The act takes effect beginning with the upcoming elections. This initiative shows the Kuwaiti leadership's determination to revive the meaning of democracy and expand popular participation in parliamentarian councils. It represents a civilizational step and rewards Kuwaiti women for their dedication to national efforts in all areas of development. Kuwaiti women now enjoy all the rights guaranteed them by the Constitution.

Tackling the contemporary problems associated with population growth is a significant task that requires effective and comprehensive international cooperation through greater coordination of efforts and increased endeavours with a view to implementing the recommendations of the ICPD Programme of Action. That programme stresses the importance of meeting the needs of both men and women. In this context, my delegation is of the view that the implementation of those recommendations is the sovereign right of each State, to be carried out in the framework of its national legislation and development priorities on the basis of full respect for religious and ethical values and cultural backgrounds, in line with internationally recognized human rights.

The Acting President (*spoke in Arabic*): I give the floor to His Excellency Mr. Li Hyong Chol, Chairman of the delegation of the Democratic People's Republic of Korea.

Mr. Li Hyong Chol (Democratic People's Republic of Korea): At the outset, I should like to congratulate Mr. Didier Opertti on his election as President of the twenty-first special session of the General Assembly on the overall review of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

We are of the view that the issue of population and development is an important agenda item that should be given priority in order to orient the twenty-first century towards peace and prosperity for humankind. We further believe that this session will provide an impetus for facilitating a more intensive implementation of the Programme of Action with the active participation of all countries.

The process of the implementation of the Programme of Action makes clear the fact that the international community has taken the right road: a comprehensive approach to the population issue in the context of a broad, long-term perspective, with the main emphasis on the welfare and development of people. This has been proved over the past five years by the Programme's results: increased public awareness and understanding of the population issue, and the tangible successes and progress achieved in such areas as reproductive health, the protection and promotion of women's rights and a reduction in mortality rates.

However, that success is only a good start in the context of the long-term goals of the International Conference on Population and Development, and even that much has not been achieved in many parts of the world. The international community therefore still faces the important task of overcoming difficulties and challenges and continuing to implement the Programme of Action by consolidating existing gains and drawing from experience and lessons learned, with a view to the successful achievement of the long-term goals of population and development.

In recent years the negative impact of globalization and a succession of natural disasters have resulted in economic marginalization and increased poverty for many developing countries, resulting in a serious reversal of the gains achieved in the field of population and development.

The population issue is not a simple one limited only to the growth, structure and distribution of population, but rather a comprehensive issue directly related to sustainable development with a view to safeguarding present and future generations of human beings and improving their livelihood. In each country, therefore, a satisfactory and far-reaching solution to the population issue cannot be ensured if no gains are registered in such development areas as poverty eradication and sustained economic growth. This shows that the issue of population and development is one of the most pressing matters faced by the developing countries.

It is true that each country has the primary responsibility for successfully resolving the issue of population and development. Therefore, Governments should demonstrate their firm political will and leadership through the consistent implementation of the Programme of Action and fully mobilize and effectively use human and material resources for population and development.

However, serious economic stagnation and the unfavourable international economic environment

currently confronting many developing countries make it difficult for them to resolve the problem of the absolute lack of the funds, resources and technical capabilities that are badly needed to achieve the goals of the Programme of Action. Since the developing countries constitute the majority of the world population, the successful implementation of the international Programme of Action is quite inconceivable if these serious economic and financial difficulties are not overcome and if the international environment, unfavourable for developing countries, is not rectified.

From this point of view, we believe it imperative for the international community to facilitate the promotion of a supportive economic environment, particularly for developing countries in their effort to eradicate poverty and achieve sustained economic growth in the context of sustainable development, as agreed at the International Conference on Population and Development.

To this end, official development aid should be increased and active assistance provided for technology transfer and national capacity-building, as committed to by the developed countries at the Cairo Conference. At the same time, a genuine relationship of cooperation should be established among countries based on the principles of equality, mutual respect and non-interference in internal affairs, taking into full account differences in cultural traditions, socio-economic environments and levels of development. The principles set out in the ICPD Programme of Action must strictly be observed with a view to the smooth conduct of international cooperation in the field of population and development.

The Government of the Democratic People's Republic of Korea considers the constant promotion of the people's welfare to be a matter of the highest priority and, paying close attention to the issue of population and development, has long viewed the resolution of the population issue as an important task directly related to the improvement of the living standard of its people and the future development of the country.

Significant successes have been achieved in the Democratic People's Republic of Korea, thanks to the popular policy of the Government and to our well established socialist system, which is designed according to our own style and is centred on the popular masses. Social policy and social measures have been implemented at a high level, such as free medical care, 11 years of free compulsory education, equality between men and women and 150 days of paid maternity leave.

The Government of our republic attaches great importance to the implementation of the Programme of Action of the 1994 Cairo Conference and has taken a series of measures actively to carry on work in the area of population and development in keeping with our country's situation. The Government began by constantly increasing public awareness of the issue of population and development through the translation, publication and nationwide dissemination of the Programme of Action of the Cairo Conference. It has also put in place a population policy suitable to the country's situation and is providing guidance to government bodies such as the State Planning Commission, the Central Bureau of Statistics, the Ministry of Health, the Ministry of Education, the Academy of Social Sciences and the Population Centre in their work of carrying out and supervising the implementation of this policy through the institutions for which they are responsible. At the same time, relevant social organizations such as the Korean Democratic Women's Union and the Korean Family Planning and Maternal and Child Health Association are encouraged to play an active part in family planning and other reproductive health services.

In spite of temporary difficulties caused by the destruction of health and education facilities and industrial and agricultural infrastructure as a result of the natural disasters of recent successive years, our people are full of courage and are firmly convinced that under the Great Leader and our social system they can repair the damage in the shortest possible time and build a rich and strong country.

In conclusion, I would like to affirm that the Government of the Democratic People's Republic of Korea will continue to adhere to its lofty mission of pursuing the promotion of our people's welfare and sustainable development, will faithfully implement the Programme of Action of the Cairo Conference and will actively cooperate with the international community.

The Acting President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Alisher Vohidov, Chairman of the delegation of Uzbekistan.

Mr. Vohidov (Uzbekistan) (*spoke in Russian*): I wish at the outset to congratulate Mr. Didier Opertti on his election to the presidency of the General Assembly at its twenty-first special session. We are convinced that his great skill and diplomatic experience will guarantee the success of the special session and the attainment of our goals.

The guiding principle of Uzbekistan's pursuit of renewal and progress is a strong social policy providing solid social guarantees and measures for the protection of our people at every stage of the process of market reform. This means first and foremost support for socially vulnerable groups, assistance in adapting to the new realities, and the elimination of potentially severe social conflict.

In that connection, Uzbekistan has established a new social-protection mechanism that incorporates both foreign experience and our specific national situation. We are putting particular stress on assisting needy families, formulating and implementing a system of targeted social protection for our people, and eliminating excessively egalitarian and dependent mindsets. A distinguishing feature of the new social protection system is strictly differentiated approaches to various population groups. The keystone of our social policy is support for the family; here we take into account the specific characteristics of our national thinking and the ways in which our people live. There is broad support for the provision of assistance through local self-government committees; this approach has a centuries-old tradition among our people. As a system for providing assistance, this fully incorporates and makes use of our national tradition of mutual support.

The Government of Uzbekistan has developed a programme of specific measures to protect the interests of our people. It is aimed at addressing a range of interrelated challenges, protecting individual social and economic rights and human rights in general, providing legal protections and creating conditions to protect the cultural, spiritual and intellectual interests of our people.

Uzbekistan has declared 1999 the Year of the Woman. In that connection a State programme of measures has been formulated and is being implemented to enhance the role of women in the family and in public and social structures, and to protect their legal, social and spiritual interests.

At present, many non-governmental organizations are operating in Uzbekistan, many of which have the primary goal of bringing about equality of rights and opportunities for men and for women, improving the status of women in the family and in society, and helping women adapt to new social and economic conditions. Developing a constructive dialogue between the Government and non-governmental organizations has been one of the most important challenges facing the legislative and executive branches of the Government of Uzbekistan. In the context of interaction between non-governmental organizations and the Government, we are working actively to develop cooperation with the Bureau for Democratic Institutions and Human Rights. We lay particular stress on interaction with non-governmental organizations in the area of respect for human rights on the basis of international norms as set out in the Universal Declaration of Human Rights and in other documents of the United Nations and its specialized agencies and of the Organization for Security and Cooperation in Europe.

Our republic's laws on protection of the rights and interests of women, our Constitution, and our laws relating to labour, the family and citizenship all show that Uzbekistan has established a normative legal basis that conforms to international norms. The republic's accession to the United Nations Convention on the Elimination of All Forms of Discrimination against Women, its decision to limit the work week to 40 hours, its laws protecting mothers and children, and its endorsement of the Declaration and Platform for Action of the Fourth World Conference on Women show that improving the status of women in Uzbekistan is among the State's priorities.

A great concern of our Government is to improve the health of our population, and it also gives serious attention to the issue of raising a highly moral, spiritually developed and physically strong new generation. One of the main focuses here is on improving the family planning system. In establishing a theoretical basis for a comprehensive approach to family planning matters, our Ministry of Heath has taken into account our national traditions, other cultural and social factors, and the moral and religious aspects of the question. Creating a broad network of family planning offices in the republic, improving the qualifications of professionals, considering media input and the work of local self-government committees have created a positive attitude towards family planning and women's reproductive health care. This in turn has opened the way to expanding reproductive health and family planning programmes.

Like many other countries, the Republic of Uzbekistan has a State social insurance system which protects our people from social risks. The fundamental challenge facing this system is to provide targeted economic support for families facing material difficulties, to provide social assistance to single elderly people, particularly women, and to provide social and occupational rehabilitation for disabled people.

Starting in 1994, an important change took place in our social protections system because of the shift in the

Republic from universal social assistance to the provision of reliable social guarantees and support for the most vulnerable groups of the population. This has brought us into line with similar systems in countries with market economies.

One of the most serious problems for Uzbekistan is the environmental crisis resulting from the shrinking of the Aral Sea. The environmental damage done in the Aral region has had a particularly dire effect on women and children. A large number of pregnant women and children in this region suffer from anaemia, and maternal mortality there is high.

The Government of Uzbekistan has decided that one of the main areas of activity is the reduction of the negative impact of the Aral Sea crisis on the health of the population of that region, especially that of women and children. Given the magnitude of the problem caused by the drying up of the Aral Sea, the negative consequences of which extend far beyond the confines of the region, I should like to take this opportunity once again to draw the attention of the world community to this disaster and to appeal to international organizations and donor countries to support the efforts of the countries of Central Asia with regard to this issue.

In conclusion, allow me to recall that the United Nations Charter proclaims it an obligation to promote social progress and better standards of life in larger freedom. We must realize the enormous potential that we have and learn how to use it correctly and in a timely manner. The broad participation of the countries and peoples of the world, working under the auspices of the United Nations to resolve population and development questions, will make it possible to achieve a more stable and secure world.

The Acting President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Subhas Chandra Mungra, chairman of the delegation of Suriname.

Mr. Mungra (Suriname): Five years ago, in 1994, the international community adopted, after very lengthy and difficult negotiations in Cairo, the Programme of Action on Population and Development, which we can consider to be a landmark in international cooperation as well as a turning point in the way we think about population as it relates to development. Indeed, it is a new vision of population policies and programmes that is no longer based solely on demographic numbers but is rooted in fundamental human rights, including the right to development and the rights of women and children, in particular the girl child. It also right that the Programme of Action calls for the empowerment of women as a matter of justice and agrees that reproductive health is a human right, bringing a new gender dimension into population policies and programmes. Based on the Cairo agreement, population policy is now recognized as an integral part of the development programme of most nations in the world today.

It is commendable that this review process on the implementation of the Programme of Action has been successful in resisting attempts to reopen the discussion of what was already agreed upon in Cairo and adopted by the General Assembly in resolution 49/128 of 19 December 1994, thus enabling us to focus our attention mainly on furthering the goals of the International Conference on Population and Development (ICPD), rather then distracting us from doing what is right for our respective peoples.

During the five years since the Programme's adoption, we have witnessed the resolve of Governments, of the United Nations system, spearheaded by the United Nations Population Fund (UNFPA), and of national and international non-governmental organizations to implement their respective commitments, with different levels of success.

The report on proposals for key actions for the further implementation of the Programme of Action indicates that major achievements were reached and constraints encountered in our efforts to reach the goals of the ICPD. We would like to emphasize in particular the observation that excellent work has been done by countries in integrating population and development concerns and that these gains have now come under tremendous pressure as a consequence of economic difficulties caused by, *inter alia*, the well-known negative impact of globalization, in particular for many of the small developing States.

Suriname, with its diverse population, has in the past dealt with population issues in all their various aspects in a satisfactory manner. Notwithstanding the economic difficulties caused by lack of financial resources as a consequence of falling official development assistance and reduced export earnings, the country has continued to strive to provide the needed services in the framework of the principles and goals of the ICPD and the Programme of Action.

We would not be successful in many areas without the support of UNFPA, the International Planned Parenthood Federation (IPPF) and our partnership with national non-governmental organizations, in particular the Lobi Foundation, which has been at the forefront in providing information and services at the grassroots level regarding family planning and sexual and reproductive health. We still have a long way to go, and the pressure resulting from our economic misfortunes has indeed hampered our efforts to gain greater success in the implementation of the ICPD Programme of Action.

Within the framework of the overall implementation of the Programme of Action, we are pleased to inform the Assembly that we have made substantial progress in several fields, including the establishment of a national office on gender policy and the advocacy of ICPD principles and awareness-raising nationwide; strengthening and expanding the overall network of non-governmental organizations in the country which are involved with the implementation of the ICPD Programme of Action; the implementation of a national programme on free cervical screening for five years for all women; the establishment of a women's parliamentary forum; and the initiation of a youth parliament.

Priority areas of the Government of Suriname's population programmes include the promotion of gender equality, family planning and reproductive health, the protection of the human rights and dignity of migrants.

The second governmental track is guarantees of basic education, especially for girls and female adolescents inside and outside cities and in rural areas, as it has been proved that increasing the educational level of women greatly influences their approach to family planning, their sexual behaviour, their health condition in general, the health of their children and family and their first pregnancy, among other elements.

The Government of Suriname is of the opinion that all individuals, especially those from the poorest strata in the community, have the right to information about and access to family planning and social and medical services. The enjoyment of this right could be best guaranteed by a policy which increasingly makes available safe, effective and affordable methods of contraception to promote responsible parenthood, including the prevention of unwanted pregnancies.

With support from UNFPA, a major pilot programme focusing on adolescents and sexual and reproductive health care is currently being put in place.

Recognizing the importance of young people for the future development of our country, the Government has recently installed a high-level steering group on youth policy, which is entrusted with the task of formulating an integrated youth policy based upon the Cairo Programme of Action.

The basic health policy in Suriname is implemented on the premise that health services should be available, affordable and accessible to all segments of the population, with emphasis on the development of primary health care. Currently, some 85 per cent of the population has access to health care and services through a health insurance system.

The Government of Suriname is determined to continue to honour its commitment to the Cairo Programme of Action. However, we are being confronted with serious resource constraints, as is the case for many other small developing countries, due to economic shortfalls and diminishing earning capacity. This calls for new and additional resources from donor countries and international financial institutions to complement national efforts and resources for the further implementation of the noble principles of the ICPD Programme of Action and to reverse the current decline in overall official development assistance.

In closing, my Government is convinced that the proposals for key actions for the further implementation of the Programme of Action of the ICPD, to be adopted at this twenty-first special session of the General Assembly, will indeed give further impetus to the successful implementation, in a renewed spirit of strong partnership with civil society, non-governmental organizations, the private sector and the international donor community, of the lofty principles that were agreed in the Cairo Conference and geared towards a substantial improvement of the well-being and fundamental rights of the majority of the world's population, especially women, children and adolescents as we enter a new millennium and a new century.

The meeting rose at 6.05 p.m.